| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967471** | **01/19/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**HYDE PARK ASSISTED LIVING FACILITY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3011 WEST DE LEON STREET**<br>**TAMPA, FL 33609** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

Assisted Living Facility

On January 19, 2018, a complaint survey, (CCR# 2017013691), was conducted at Hyde Park Assisted Living Facility. No deficiencies were identified at the time of the visit.

(License # 11504)